On behalf of the Executive Committee of the Ohio Orthopaedic Society, I cordially invite you to attend the 83rd Annual Meeting to be held May 11-12, 2023, at the Quest Conference Center, 9200 Worthington Road, Ste 400 in Westerville, Ohio. We are planning an excellent scientific and social program and will be introducing some new programs that are helping orthopaedic surgeons in Ohio have an impact on how medicine is practiced. Please join us and learn how the OOS is adapting to meet the needs of our membership. I am sure you will agree the meeting promises to be both educational and informative.

- **Guest Lecturers:** To be announced

- **OOS Councilors to the AAOS** - The latest Information on healthcare issues in Ohio and Washington, D.C.

- **Open discussion on issues affecting the practice of orthopaedics in Ohio**

- **“Ohio Legislation affecting the practice of medicine”**

- **Member Paper Presentations** - Scientific Papers by Ohio Orthopaedic Society Members

- **Resident Papers Podium Presentations and Poster Contest** - Featuring 14 of the Best Resident Papers Chosen by a Panel of Judges Prior to the Meeting.

- **Resident Program** – To be announced

- **“Jeopardy Contest”** The always popular competition which tests the clinical knowledge of OOS members vs. residents.

- **Thursday’s Social Activities** - Lunch and Golf (scramble format) starting at 9:30 AM

Please plan on attending this outstanding orthopaedic meeting. Thursday activities include lunch / golf in a scramble format.

*This program will be accredited by the AAOS for CME credits to participants based on the number of hours in attendance.*

If you have questions, please contact Steve Landerman at the society offices in Columbus at (614) 537-3319 or email steve@ohioorthosociety.org.
MEMBER REGISTRATION

NAME: ____________________________________________

ADDRESS: ______________________________________

CITY:___________________________STATE:_______________POSTAL CODE:_______________

PHONE:___________________________EMAIL:________________________________

Fees include registration materials, Friday breakfast and lunch.

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<th>Cost</th>
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<tr>
<td>Member:</td>
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<tr>
<td>Non-Member:</td>
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<td>Thursday Golf and Lunch</td>
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TOTAL: ____________

PAYMENT INFORMATION

Make checks payable to The Ohio Orthopaedic Society and return this form to:
66 East Lynn Street, Columbus, Ohio 43215  Fax (614) 363-2647  email: Susan@OhioOrthoSociety.org

Credit Card

I hereby authorize the following amount to be charged to my credit card. Visa _____ Master Card _____ Discover _____AMEX_____

Amount Authorized: ____________  Card # ____________________________________________
Expiration Date: _______ Name as it appears on card: ________________________________
Billing Address of Credit Card_____________________________________________________

Pay online with PayPal using the link below.
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